



MASTERS



Please fax to: **6735-1381**

Match Date: _____ Location: _____ ROUND: _____

TEAM 1:			TEAM 2 :		
#	Player Name	Card No (last 4 digit)	#	Player Name	Card No (last 4 digit)
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

Player No.	TOUHLIVE Rating		Legs Won	Match No. & Type (x01: Single in/ Master Out)		Player No.	TOUHLIVE Rating		Legs Won
	START	END					START	END	
				Part 1	SINGLES 501-501-501				
					SINGLES 701-701-701				
					SINGLES Half-IT x 3				
					SINGLES Shootout x 3				
				Part 2	DOUBLES 901-901-901				
					DOUBLES 701-Crk-701				
				Part 3	DOUBLES 701-Crk-701				
					DOUBLES Crk-Crk-Crk				
				Part 4	TRIOS 901-Crk-Choice				
TOTAL MATCH WON:				Total Credit Per Team: \$12 (min); \$32 (max)		TOTAL MATCH WON:			

Captain's Signature _____

Captain's Signature _____